## **NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A**

Тур	e or Print Clearly							
Full Name Terry Len Callum				Work Address	243 Elm Street, Clare	mont, NH 03743		
Primary Occupation PC Network Technician			hnician	e-mail *optional tlc_skide	o@yahoo.com	Work Phone	603-542-3417	
	me(s) of office, appo ployment with gov		Resources Council (R	ecreation Member)				
pro	prietor, or employe	ee, or served in a	any other profession	on, business, or other organizational or advisory capacity, and from all retirement and/or disability beneficial.	n which any income ir			
1.	Valley Region	Valley Regional Hospital, 243 Elm Street, Claremont, NH 03743 (Employer)				NEW HAMPSHIRE		
2.	Vermont Tim	berworks, Spring	field, VT (Spouse Em	ployer)	S	ECRETARY OF	STATE	
3.								
B. In	ndicate below whe ortable special inte lipline a licensee or ncial effect on you	ther you or a fam rest in an item on permittee, or oth or a family memb	ily member has a spe this list if a change i er decision by gover er than it would on r business licensed o	or certified by the State of New Ha	ng businesses, professio rule, a decision whethe ss, profession, occupati mpshire. List each such	ns, occupations, groups, r or not to award a contra on, group, or matter wou n profession, occupation,	ct, grant a license or permit, ld potentially have a greater or category of business	
X	2. Health Care	3. Insurance	agent, o	estate, including brokers, developers, and landlords	5. Banking or finan services	l municipa	of New Hampshire, county, or al employment	
Γ	<ol><li>7. N.H. Retireme</li><li>System</li></ol>		<ol> <li>Current use land ssessment program</li> </ol>	9. Restaurants/ lodging	10. Sale ar beverages	nd distribution of alcholic	11. Practice of law	
Γ	12. Any business Utilities Commiss			13. Horse or dog racing, or other of gambling	legal forms 14. E	Education	ater Resources	
Γ	16. Agriculture	17. N.H taxes:	Business Profits Tax		danda Tau	Optional: Specify any oth	er area in which you have a	
RSA shal	15-A:7 Penalty. A	any person who k efense in any pros	nowingly fails to cor	egoing information is true and co nply with the provisions of this co hapter that the person acted in re	napter or knowingly file	s a false statement shall b		
				Signature of Reporting I	ndividual	Date		